

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

06004

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? one week

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Lime Kiln
 (If outside city or town limits, write RURAL and give nearest town)Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Katie Hannah Ambush

3. (b) Social Security Number

4. Sex female 5. Color or race colored 9. (a) Single, married, widowed, or divorced
married

6. (b) Name of husband James W. Ambush6. (c) If alive, give age 64 years7. Birth date of deceased (mo., day, yr.) Aug. 12, 1889

8. AGE: Years 57 Months 10 Days 8 It less than one day _____ hrs. _____ min.

9. Birthplace Adamstown, Frederick, Md.
 (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Isaac Hallman
 13. Birthplace Frederick, Md.

MOTHER 14. Maiden name Unknown
 15. Birthplace _____

16. Informant James W. Ambush,
 Address Lime Kiln, Md.

17. burial Date thereof 7 / 22 / 47
 (Burial, cremation, or removal of body) (month) (day) (year)

Cemetery Hope Hill, coloredLocation Hope Hill, Md.

19. Funeral director M. R. Etchison & Son,
 Address Frederick, Md.

22. July 47 19 47 Elizabeth G. Heck
 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20th., 19 47 at 12.25A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1 19 47, to July 20 19 47
 and that I last saw him/her alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Coronary Occlusion
 Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE EP Thomas M. D. or other

Frederick, Md. Address _____ Date signed 7/21/47

RECEIVED
JUL 24 1961
FBI - NEW YORK

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06005

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

Since July 14, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick-Rural R. F. D. #4
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Feagaville

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

JOHN TALBOTT BAILEY

3. (b) Social Security Number

None

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1945

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>3</u>	<u>4</u>hra.min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Robert P. Bailey
13. Birthplace Leonardtwn, Maryland

14. Maiden name Pearl Culler
15. Birthplace Frederick County Maryland

16. Informant Robert P. Bailey
Address R. F. D. #4, Frederick, Md.

17. Burial St. Lukes Cemetery Date thereof 7/16/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Feagaville, Maryland
Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland
Address

19. W. J. G. 19 47 Elizabeth G. Heck
(Date reg'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14th, 1947 at 5:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 15 19 47 to July 4 19 47
and that I last saw him alive on July 4 19 47

Immediate cause of death

Capillary Bronchitis

DURATION

2 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Bernard James M. D.
Frederick, Maryland M. D. or other
Address Date signed 7-14-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 15 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. **M**

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92d

06006

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH

County Fred.City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 yrs.

Hospital, institution, or street address where death occurred:

307 Brunswick St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fred.City or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 307 Brunswick St.
(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (a) FULL NAME

Lewis Wins Beams

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Anna Vito

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

May 25 1873

8. AGE:

Years

Months

Days

If less than one day

74116

hrs.

min.

9. Birthplace

Virginia
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Farm

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

DURATION

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1947 at 7 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 3 1947 to July 11 1947and that I last saw him alive on July 13 1947Immediate cause of death Valvular Heart Disease(Phonetic)DURATION 1Other conditions 3

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed 7/11/47

RECEIVED

MAY 14 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06007

159

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick, Rural, Route 5
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2(a) If veteran, name war None

3. (a) FULL NAME

NANCY LOUISE BENDER

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) July 19, 1947

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

000

9. Birthplace

Frederick, Frederick County, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Edward Bender

13. Birthplace

Frederick County, Maryland

MOTHER

14. Maiden name

Josephine Wickless

15. Birthplace

Frederick County, Maryland

16. Informant

Mr. Edward Bender

Address

Route 5, Frederick, Maryland

17.

Burial
(Burial, cremation, or removal of remains)Date thereof July 21, 1947
(month) (day) (year)

Cemetery or crematory

Mount Zion Cemetery

Location

Charlesville, Maryland

18. Funeral director

C. E. Cline & Son

Address

Frederick, Maryland

19.

21 July
(Date read by registrar)1947Elizabeth G. Heek
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1947 at 10:13 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 19, 1947 to July 19, 1947
and that I last saw him alive on July 19, 1947

Immediate cause of death

DURATION

Premature Birth (21 weeks gestation)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Howard W. Ark M.D.
Address Frederick Md Date signed 7-21-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 22 1947
BUREAU 7 &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

06008

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick Co
City or town Maryland Frederick and
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital
How long in hospital or institution? 9 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town not city - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. R202
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME

Jay Regina Bowers.

3. (b) Social Security Number

4. Sex

FEMALE

5. Color or race

W.

8.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

July 24, 1947.

8. AGE:

Years

0

Months

0

Days

0

If less than one day

9 hrs. min.

9. Birthplace The denick Co. Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

July 26-1947
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date received by registrar)

19 47

Elizabeth G. Heck.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 19 47 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h... alive on ... 19...

Immediate cause of death

Prematurity (24 weeks)

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas J. M.D.
M. D. or other
Address Frederick, Md. Date signed July 25, 47

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 30 1947
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County Loudon

City or town Lovettsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Baby Girl Bramhall

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

July 25, 1947

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age _____ years

8. AGE:

Years 0

Months 0

Days 0

It less than one day

12 hrs.

min.

9. Birthplace

Frederick Memorial Hospital

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Charles Blanco Bramhall

13. Birthplace Parcellville, Va.

MOTHER

14. Maiden name Ardth Arnold

15. Birthplace Lovettsville, Va.

16. Informant

Mrs C. B. Bramhall

Address Lovettsville, Va.

17. Burial

(Burial, cremation, or removal, which)

Date thereof July 26, 1947
(month) (day) (year)

Cemetery or crematory Union Cemetery

Location Lovettsville, Va.

18. Funeral director

M.R. Etchison & Son

Address Frederick, Md.

19.

26 July 47
(Date read by registrar)

Elizabeth G. Hach
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 - 1947 at 12:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7/25 - 1947 to 7/25 - 1947
and that I last saw her alive on 7/25 - 1947

Immediate cause of death

Prematurity - 6 1/2 mos. -
Maternal Toxicemia &
premature separation of placenta

DURATION

4 1/2 hrs.
?
1 day.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Byron A. White, M.D.
M. D. or other
Address Frederick, Md. Date signed 7/26/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 6/16/47
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 6/16/47

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery
 City or town Silver Spring
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 8309 - 16th St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war ☒

3. (a) FULL NAME

William J. Brannan

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of ~~husband~~ wife Helen L. Brannan
 6. (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July 20, 1884

8. AGE: Years 63 Months 0 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Richmond, Virginia
 (Town, county, and state)

10. Usual occupation Telegraph Employee

11. Industry or business

FATHER 12. Name Wm. J. Brannan

13. Birthplace Hanover County, Va.

MOTHER 14. Maiden name Sarah Kelly

15. Birthplace Hanover County, Va.

16. Informant Deceased

Address _____

17. Survival Date thereof July 31, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oak Creek Cemetery

Location Frederick, Md.

18. Funeral director J. Arthur Waters

Address Takoma Pk.

19. July 28 19 47 Registrar J. H. Miller

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 19 47 at 10:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16 19 47 to July 28 19 47 and that I last saw him alive on July 28 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 7 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results Will report later

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. L. Baccin

M. D. XXXX

Address State Sanatorium, Md. Date signed 7/28/47

RECEIVED
JUL 30 1947
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

74a

CERTIFICATE OF DEATH

Reg. Dist. No.

0601131

1. PLACE OF DEATH:

County... FrederickCity or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death?... LifetimeHospital, institution, or street address where death occurred:
Frederick Memorial HospitalHow long in hospital or institution?... 28 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... FrederickCity or town... Lime Kiln
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2.(a) If veteran, name war... None

3.(a) FULL NAME

HARRIET JANE TYLER BRUCE

3.(b) Social Security Number

None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
<u>Female</u>	<u>Colored</u>	<u>Married</u>

6.(b) Name of husband or wife... Frederick D. Bruce6.(c) If alive, give age... 58 years7. Birth date of deceased (mo., day, yr.)... May 5, 1885

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>1</u>	<u>28</u>hrs.min.

9. Birthplace... New Market, Frederick Co., Md.
(Town, county, and state)10. Usual occupation... Housewife

11. Industry or business

12. Name... Henson Tyler13. Birthplace... New Market, Maryland14. Maiden name... Elizabeth Tyler15. Birthplace... New Market, Maryland18. Informant... Frederick D. BruceAddress... Lime Kiln, Maryland17. Burial Date thereof... July 6, 1947
(Burial, cremation, or removal, whichever) (month) (day) (year)Cemetery or crematory... Fairview CemeteryLocation... East of Frederick, Md.18. Funeral director... C. E. Cline & SonAddress... Frederick, Maryland19. 5 July 1947 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 3rd 1947 at 12:12 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 6 1947 to July 3 1947and that I last saw him alive on July 3 1947Immediate cause of death... AsystoleLymphatic LeukemiaDue to... 6 mo.

Due to...

Due to...

Other conditions... Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations... none

Date of op.

Autopsy results... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

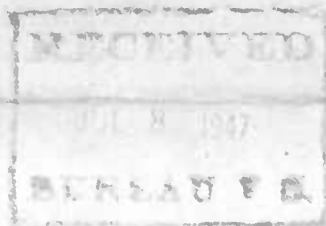
Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... A. A. Pearce, M.D.Address... Frederick, Md. Date signed... 7/3/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? About 7 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town RURAL, Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____
None

3. (a) FULL NAME

JOHN WESLEY CREAGER

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Elsie Lightner Creager

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) August 22, 1883

8. AGE: Years 63 Months 10 Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County, Maryland
(Town, county, and state)

10. Usual occupation Farm Manager

11. Industry or business _____

12. Name John Wesley Creager

13. Birthplace Frederick County, Md.

14. Maiden name Mary Abbie Musser

15. Birthplace Frederick County, Md.

16. Informant Mr. Roy Creager

Address Frederick, Maryland

17. Burial Date thereof July 23, 1947
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 22 July 1947 Elizabeth G. Heck
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1947 at 12:45 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 20 1946 to July 21 1947

and that I last saw him alive on July 21 1947

Immediate cause of death Osteomyelitis of vertebrae and right femur

DURATION

9 mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE S. S. Schorlum M.D.

M. D. or other

Address Frederick, Md. Date signed 7/22/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 24 1947
BUREAU OF B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 06013 131

1. PLACE OF DEATH:

County... Frederick
City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 86

Hospital, institution, or street address where death occurred:

Home For The Aged

How long in hospital or institution? 16 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MD County... Frederick

City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 115 Record St
(If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME

Annis B. De Lashmuth

3.(b) Social Security Number

none

4. Sex female

5. Color or race white

6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 21, 1880

8. AGE: Years 86 Months 10 Days 10 If less than one day — hrs. — min.

9. Birthplace Frederick, Frederick Co, Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business —

12. Name Basil De Lashmuth

13. Birthplace Frederick Co, Md

14. Maiden name Eleg. Frances Eagle

15. Birthplace Frederick Co, Md

16. Informant Thomas De Lashmuth

Address Arlington, Va

17. Burial Date thereof Aug 1, 1947
(Burial, cremation or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet

Location Frederick, Md

18. Funeral director Harry P. Barty Cor

Address Frederick, Md.

19. Aug 19 47
(Date rec'd by Registrar)

Elizabeth G. Hecke Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 31st 19 47 at 1:20A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 29th 19 47 to July 31st 19 47

and that I last saw her alive on July 29th 19 47

Immediate cause of death

Senile degeneration

Arteriosclerosis

Myocardial degeneration

Fracture of head of right

femur, impacted due to fall

in her room in the Home

for the Aged, Frederick, Md.

slipping on rug. (Include pregnancy within 3 months of death)

Major findings of operations

Date of op. 1/29/47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE C. H. Conley

C. H. Conley M. D.

Address Frederick, Maryland

Date signed 7/31/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. DECEASED'S NAME (Last, first, middle initial)

2. DECEASED'S SEX (Male or Female)

3. DECEASED'S AGE (Years, months, days)

4. DECEASED'S OCCUPATION

5. DECEASED'S MARITAL STATUS (Single, Married, Widowed, Divorced)

6. DECEASED'S PLACE OF BIRTH (City, State, Country)

7. DECEASED'S DATE OF BIRTH (Month, day, year)

8. DECEASED'S PLACE OF DEATH (City, State, Country)

9. DECEASED'S DATE OF DEATH (Month, day, year)

10. DECEASED'S TIME OF DEATH (Hour, minute)

11. DECEASED'S CAUSE OF DEATH (Disease, injury, etc.)

12. DECEASED'S MANNER OF DEATH (Natural, Accidental, Suicidal, Homicidal)

13. DECEASED'S SIGNATURE (Name of deceased)

14. DECEASED'S SIGNATURE (Name of deceased)

15. DECEASED'S SIGNATURE (Name of deceased)

16. DECEASED'S SIGNATURE (Name of deceased)

17. DECEASED'S SIGNATURE (Name of deceased)

18. DECEASED'S SIGNATURE (Name of deceased)

19. DECEASED'S SIGNATURE (Name of deceased)

20. DECEASED'S SIGNATURE (Name of deceased)

21. DECEASED'S SIGNATURE (Name of deceased)

22. DECEASED'S SIGNATURE (Name of deceased)

23. DECEASED'S SIGNATURE (Name of deceased)

24. DECEASED'S SIGNATURE (Name of deceased)

25. DECEASED'S SIGNATURE (Name of deceased)

26. DECEASED'S SIGNATURE (Name of deceased)

27. DECEASED'S SIGNATURE (Name of deceased)

28. DECEASED'S SIGNATURE (Name of deceased)

29. DECEASED'S SIGNATURE (Name of deceased)

30. DECEASED'S SIGNATURE (Name of deceased)

31. DECEASED'S SIGNATURE (Name of deceased)

32. DECEASED'S SIGNATURE (Name of deceased)

33. DECEASED'S SIGNATURE (Name of deceased)

34. DECEASED'S SIGNATURE (Name of deceased)

35. DECEASED'S SIGNATURE (Name of deceased)

36. DECEASED'S SIGNATURE (Name of deceased)

37. DECEASED'S SIGNATURE (Name of deceased)

38. DECEASED'S SIGNATURE (Name of deceased)

39. DECEASED'S SIGNATURE (Name of deceased)

40. DECEASED'S SIGNATURE (Name of deceased)

41. DECEASED'S SIGNATURE (Name of deceased)

42. DECEASED'S SIGNATURE (Name of deceased)

43. DECEASED'S SIGNATURE (Name of deceased)

44. DECEASED'S SIGNATURE (Name of deceased)

RECEIVED
AUG 6 1947
BUREAU C 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH X
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH 49c

06014

Reg. Dist. No. 134

1. PLACE OF DEATH:

County... Frederick County
City or town... Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? two years
Hospital, institution, or street address where death occurred:
Saint Joseph's Central House, Emmitsburg
How long in hospital or institution? 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Frederick
City or town... Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2(a) If veteran, name war _____

3. (a) FULL NAME

Sarah Mary Dougherty (Sister Marcella)

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Sister of Charity

6. (b) Name of husband or wife XXXXXX

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 29, 1879

8. AGE: Years 67 Months 11 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Littlestown, Pa.
(Town, county, and state)10. Usual occupation hospital work & Asylum Work

11. Industry or business

12. Name Dougherty, John13. Birthplace Ireland14. Maiden name Gouger Mary Jane15. Birthplace Harney, Maryland16. Informant Sister Rosa, AssistantAddress St. Joseph's Central House, Emmitsburg17. Burial Date thereof July 21, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Joseph's (private)Location Emmitsburg, Maryland18. Funeral director S. L. AllisonAddress Emmitsburg, Md.19. July 19, 47 19. 47 J.M.F. Shuff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1947 at 2 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18, 1946 to July 18, 1947 and that I last saw him alive on July 16, 1947Immediate cause of death Carcinomatosis of peritoneum with fecal fistulaDue to Carcinoma vagina

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W.D. Cadle M.D.Address Emmitsburg, Md. Date signed 7-18-47

DURATION

6 mo

2 years

EASTERN LEADER

DEAD CONTENT

RECEIVED
JUL 22 1947
BUREAU OF R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

06015

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
Frederick-Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital
 Since January, 1947

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. West Fourth Street
 (If rural, give LOCATION)
None

2.(a) If veteran, name war

3. (a) FULL NAME

EMMA WOODWARD ENGELBRECHT

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced D

6. (b) Name of husband or J. G. Engelbrecht6. (c) If alive, give age 76 years7. Birth date of deceased (mo., day, yr.) May 17, 1872

8. AGE: Years 75 Months 1 Days 14 If less than one day
 hrs. min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER 12. Name Milton A. Woodward
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Frances W. Nichols
 15. Birthplace Frederick County Maryland

16. Informant Deceased

Address

17. Burial Date thereof 7/3/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetary or crematory Mount Olivet Cemetery
Frederick, Maryland

Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland
 Address

19. 3 July 47 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st, 1947 at 7:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 1947 to 5 July 1947
 and that I last saw h. or alive on June 30 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

2 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

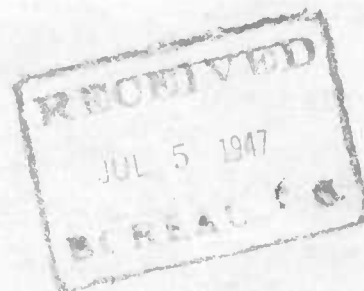
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas - M. D.
 M. D. or other
 Address Frederick, Maryland Date signed 7-2-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

091316

1. PLACE OF DEATH:

County Frederick

City or town Frederick (rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:
Emergency Hospital

How long in hospital or institution? three years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 208 E. Sixth
(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME

John Edward Esterly

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

6.(c) If alive, give age 18 1/2 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 73 ? Months Days If less than one day hrs. min.

9. Birthplace Frederick, Frederick, Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Sand & Gravel business

FATHER 12. Name Philip Esterly,

13. Birthplace Frederick, Md.

MOTHER 14. Maiden name Sarah Dadisman,

15. Birthplace Loudon Co., Va.

16. Informant Mrs. Mary Divens,

Address 1016A N. Mkt. St., Frederick, Md.

17. Burial Mt. Olivet Date thereof 7 / 26 / 47
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Frederick, Md.

Location Frederick, Md.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Md.

19. 24 July 1947 Registrar Elizabeth G. Hack
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24th., 1947 at 6.30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1, 1946 to July 24, 1947

and that I last saw him alive on July 23, 1947

Immediate cause of death Carcinoma Stomach DURATION 6 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas Jr. MD

Address Frederick, Md. Date signed 7/24/47

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 26 1947
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

6 East Church Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 6 East Church Street

(If rural, give LOCATION)

None

2. (a) If veteran, name war.....

3. (a) FULL NAME

JOSEPHINE PEARRE ETCHISON

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W6. (b) Name of husband or wife W. H. B. Etchison

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) September 25, 1861

8. AGE:

Years 85Months 10Days 6

If less than one day

..... hrs. min.

9. Birthplace Unionville-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

FATHER 12. Name James W. Pearre13. Birthplace Frederick County MarylandMOTHER 14. Maiden name Sarah Lindsay15. Birthplace Frederick County Maryland16. Informant Marshall L. EtchisonAddress 6 E. Church St., Frederick, Md.17. Burial Mount Olivet Cemetery
(Burial, cremation, or removal, which?) Date thereof 8/2/47
(month) (day) (year)Cemetery or crematory Frederick, MarylandLocation M. R. Etchison and Son18. Funeral director Frederick, Maryland
Address19. 1-Aug 1947 Elizabeth Etchison
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31st, 1947, at 12:20 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 1947, to July 31 1947
and that I last saw her alive on July 31 1947

Immediate cause of death.....

DURATION

Bronch. Pneumonia 3 days

Due to.....

Due to SenilityOther conditions Angina PectorisMyocarditis
(Include pregnancy within 3 months of death)Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

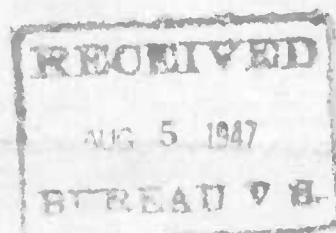
Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Pearre M. D.Address Frederick, Maryland Date signed 8-1-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

106a

06018

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County... Frederick
 City or town... Rocky Ridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?... Lifetime.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick
 City or town... Rocky Ridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war... No

3. (a) FULL NAME

Martha Lee Eyler

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife... Clayton Eyler
 7. Birth date of deceased (mo., day, yr.) September 28, 1867 6.(c) If alive, give age _____ years
 8. AGE: Years 79 Months 10 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace... Woodsboro, Frederick Co., Md
 (Town, county, and state)

1d. Usual occupation... Retired

1f. Industry or business

FATHER 12. Name... Simon Gilbert
 13. Birthplace Maryland
 MOTHER 14. Maiden name... Maria Magdelaine Kline
 15. Birthplace Pottstown, Pa.

16. Informant... Mrs. Marshall Sprigg

Address Rocky Ridge, Md.

17. Burial Date thereof... Aug. 2, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... Mt. Tabor Cemetery

Location... Rocky Ridge, Md.

18. Funeral director... M. L. Creager & Son

Address Thurmont, Md.

19. Aug. 1 1947 Blanchette C. Eyler
 (Date registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 30 1947, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 30 1947, to July 30 1947
 and that I last saw him alive on July 30 1947

Immediate cause of death

Bronchitis, acute

DURATION

3 days

Due to.....

Due to.....

Other conditions

Old age, infirmity

(Include pregnancy within 3 months of death)

Major findings and operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James H. Gray

M.D.

M. D. or other

Address

Thurmont, Md.

Date signed July 31, 1947

RECEIVED

AUG 2 1947

BUELA 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06019

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick Co.
 City or town Frederick Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 day
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Mt Airy - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R. 2. D. 4
 (If rural, give LOCATION)
 2. (a) If veteran, name war L

3. (a) FULL NAME

Baby Boy John Dorsey Gaither IV

3. (b) Social Security Number

L

4. Sex Boy 5. Color or race White 6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Father Mr John Dorsey Gaither

1924 6. (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) July 30 - 1947

8. AGE: Years 0 Months 0 Days 1 day hrs. min.

9. Birthplace Frederick Memorial Hospital
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Mr John Dorsey Gaither

13. Birthplace Unionville Md.

14. Maiden name Sylvia Louise Martin

15. Birthplace Mt Airy, Md.

16. Informant Mr John Dorsey Gaither

Address Mt. Airy - R. 2. D. 4

17. Burial Date thereof Aug 1 - 1947
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Linganne Cem.

Location Unionville - Maryland

18. Funeral director D. D. Hartless Sons

Address Union Bridge, Maryland

19. 1-Aug 1947 Elizabeth G. Hed.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1947 at 7.31 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30 1947 to July 31 1947

and that I last saw him alive on July 31 - 1947

Immediate cause of death Asphyxia

Due to Premature birth -

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James T. Throck

Address Westminster Md M. D. or other

Date signed 8/1/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1947
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

06020

83a

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital
How long in hospital or institution? Dead On Arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 149 West All Saint Street
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

DENNIS GRAY

3. (b) Social Security Number

None

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Ida Walker

6. (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Unknown Sept 1, 1864

8. AGE: Years 82? Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Dennis Gray

13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Lucy Offutt

15. Birthplace Frederick County Maryland

16. Informant Mrs. Ida Gray

Address 149 W. All Saint St., Fred'k, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7/4/47
(month) (day) (year)

Cemetery or crematory Fairview Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 2 July 1947 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st, 1947 at 8:45A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____

and that I last saw him in DEAD July 1st, 1947

Immediate cause of death Arterial hemorrhage DURATION 20 years

Due to arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. W. Bow Deputy Medical Examiner

M. D. or other _____

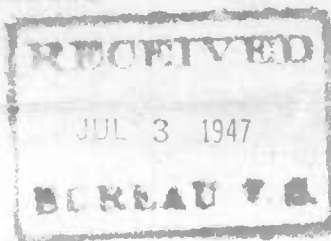
Address Frederick, Maryland Date signed 7-1-47

MARGIN RESERVED FOR BINDING

I

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06021

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? Since June 30, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Georgia County Spalding

City or town Griffin
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

KATHY JANE HIGHTOWER

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 8, 1944

8. AGE:

Years 3

Months 2

Days 23

If less than one day

hrs. _____ min.

9. Birthplace Griffin, Georgia

(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name Otis Hightower

13. Birthplace Griffin, Georgia

14. Maiden name Martha Mitchell

15. Birthplace Griffin, Georgia

16. Informant Otis Hightower

Address Griffin, Georgia

17. Removal Date thereof 7/1/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Griffin, Georgia

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 1-July 1947 Elizabeth S. Hecks
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st, 1947 at 12:15 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____ to _____
and that I last saw her DEAD July 1st, 1947

Immediate cause of death

Convulsions
Generalized

DURATION

7 hrs.

Due to Cholerae

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Robert Deputy Medical Examiner

M. D. or other

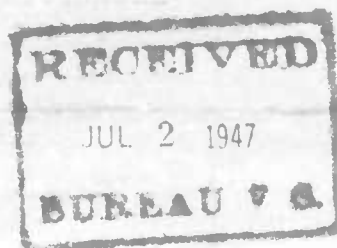
Address Frederick, Maryland Date signed 7-1-47

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 141

CERTIFICATE OF DEATH

06022

1. PLACE OF DEATH

(a) County Frederick
 (b) City or town Brownsville
 (If outside city or town limits, write RURAL and give town)
 (c) Street address, hospital, or institution: Rural
 (d) Length of stay in hospital or inst. (yrs., mos., or days) —
 (e) Length of stay in this community (yrs., mos., or days) 19 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Fred
 (c) City or town Brownsville
 (If outside city or town limits, write RURAL and give town)
 (d) Street No. Rural Brownsville
 (If rural give location)
 (e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME

Tertie Mangilla Hoar

3 (b) If veteran, name war

3 (c) Social Security

No.

4. Sex

Female

5. Color or race

White

6 (a) Single, married, widowed, or divorced.

Widowed

6 (b) Name of husband or wife

James William Hoar

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

June 29 1898

8. AGE:

Years

Months

Days

If less than one day

69

—

23

ht.

min.

9. Birthplace

Maryland
 (Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Robert Merriam

13. Birthplace

Maryland

14. Maiden Name

Lydia Jane Booth

15. Birthplace

Virginia

16 (a) Informant

Mrs. Alberta Taylor

(b) Address

Brownsville Md.

17 (a)

(Burial, cremation, or removal)

(b) Date thereof

July 25 1947

(c) Cemetery or crematory

Park Heights

Location

Brownsville Md.

18 (a) Funeral director

C. H. Taylor & Co.

(b) Address

Brownsville Md.

19 (a)

(Date rec'd by registrar)

(b)

Kathryn T. Brown
 (Dep.) Registrar

MEDICAL CERTIFICATION

20. Date of death July 23 1947, at 8 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 12 1947, to July 22 1947, and that I last saw him alive on July 7 1947.

Immediate cause of death

Alveolar (chronic)

Duration

?

Due to

Due to

Other conditions

Atherosclerosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur about home, on farm, industrial place, in public place? While at work?
 (Specify type of place)
 (e) Means of injury

23. Signature

M. D. or other

Address

Brownsville Md.

Date signed

7/23/47

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 29 1944
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Buckeystown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Buckeystown
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

MARY ELLEN HORMAN

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife George W. Horman
6.(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) February 28, 1869

8. AGE: Years 78 Months 5 Days 1 It less than one day
.....hrs.min.

9. Birthplace Nr. Feagaville-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name George W. Zimmerman
13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Mary Ellen Renn
15. Birthplace Frederick County Maryland

18. Informant George W. Horman
Address Buckeystown, Maryland

17. Burial Date thereof 7/31/47
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 29 July 1947 Elizabeth S. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29th 1947 at 6:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 29 1947 to July 29 1947
and that I last saw him alive on July 29 1947

Immediate cause of death Heart with pulmonary disease
DURATION
Due to Chlorosis

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

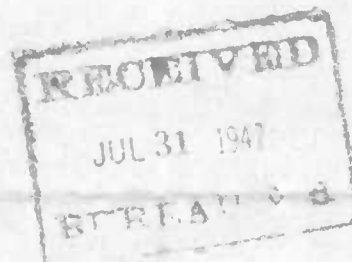
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Elizabeth S. Heck M. D.
Address Frederick, Maryland Date signed 7-29-47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06024

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town Creagerstown Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Alberta ~~Ann~~ Hurley

3. (b) Social Security Number

no4. Sex Female5. Color or race white6. (a) Single, married, widowed, or divorced married6. (b) Name of husband Mr. Elmer Hurley6. (c) If alive, give age 33 years7. Birth date of deceased (mo., day, yr.) Oct 3 - 19198. AGE: Years 27 yrs Months 9 Days 2 If less than one day _____ hrs. _____ min.9. Birthplace Westminister, Maryland
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own home12. Name Clinton Savers13. Birthplace Westminister, MD14. Maiden name Sadie Zepp15. Birthplace Carroll Co, MD16. Informant Elmer G. HurleyAddress Thurmont, MD 2170017. Burial, cremation, or removal, Which? BurialDate thereof July 7 - 1947
(month) (day) (year)Cemetery or crematory BreidersLocation Westminister, MD18. Funeral director M. J. CreagerAddress Thurmont, MD19. July 7 19 47 Elizabeth G. Heck

Date rec'd by registrar

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 19 47 at 3:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, fo _____ 19 _____

and that I last saw her alive on July 5 19 47Immediate cause of death Cerebral HemorrhageDURATION 3 daysDue to Epilepsy Life

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. A. O'Leary, M.D.Address Frederick, MarylandDate signed 7/5/47

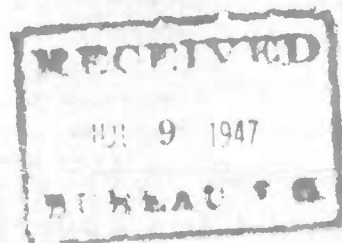
MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

636

06025

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FrederickCity or town Thurmont

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Thurmont

(If outside city or town limits, write RURAL and give nearest town)

Street No. Blue Ridge Avenue(If rural, give LOCATION) First World War

2.(a) If veteran, name war

3.(a) FULL NAME

Tabb H. Johns

3.(b) Social Security Number

337-01-1897

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Minnie Buthorn Johns6.(c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) November 11, 1886

8. AGE: Years Months Days If less than one day

60820

hrs. min.

9. Birthplace Campbell Co. Lynchburg, Va.

(Town, county, and state)

10. Usual occupation Superintendent11. Industry or business Shoe Factory12. Name William J. Johns13. Birthplace Nelson County, Virginia.14. Maiden name Laura Adams15. Birthplace Penna. Co., Virginia16. Informant Mrs Tabb H. JohnsAddress Thurmont, Md.17. Burial Date thereof Aug. 3, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Blue Ridge CemeteryLocation Thurmont, Md.18. Funeral director M. L. Creager & SonAddress Thurmont, Md.19. Aug. 1 19 47 Blanchie S. Eyles

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31- 19 47 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 16- 19 47 to July 31- 19 47and that I last saw him alive on July 31- 19 47

Immediate cause of death

Heart disease, coronaryocclusion

Due to

Due to

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Kenneth GrayAddress Thurmont, Md.Date signed July 31-47

DURATION

7 weeks20 years

RECEIVED

AUG 2 1947

BUREAU 3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06026

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 5/8/47
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 5/8/47

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Queen Anne
 City or town Chester
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Charles R. Jones

3. (b) Social Security Number

213-05-5335

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1910
 8. AGE: Years 36 Months 9 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)

10. Usual occupation Mechanic

11. Industry or business _____

12. Name Ludford C. Jones

13. Birthplace Elizabeth City, N.C.

14. Maiden name Gertrude Neal

15. Birthplace Philadelphia, Pa.

16. Informant Ludford C. Jones (father)

Address Chester, Maryland

17. Burial Date thereof July 12, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory London Park

Location Baltimore, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. July 10 19 47
 (Date rec'd by registrar) Registrar J. J. Jones

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 19 47 at 7:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 8 19 47 to July 10 19 47 and that I last saw him alive on July 10 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 5 Mos.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE R. B. Ballini M. D. KRMX

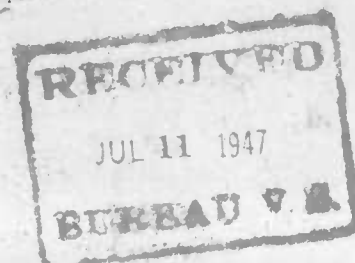
Address State Sanatorium, Md. Date signed 7/10/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and legibly. is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

06027

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 years
 Hospital, institution, or street address where death occurred:
Rocky Spring
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rocky Spring
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

JEANETTA GROVE KEMP

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W
 6. (b) Name of husband or wife Lewis C. Kemp
 6. (c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) January 1, 1861
 8. AGE: Years 86 Months 6 Days 17 If less than one day
 hrs. min.

9. Birthplace Shookstown-Frederick-Maryland
 (Town, county, and state)
 10. Usual occupation At Home
 11. Industry or business

FATHER 12. Name David Grove
 13. Birthplace Frederick County Maryland
 MOTHER 14. Maiden name Maryetta Bospt
 15. Birthplace Frederick County Maryland
 18. Informant Clayton E. Kemp
 Address Frederick, Maryland

17. Burial Date thereof 7/21/47
 (Burial, cremation, or removal, which) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland
 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 19 July 1947 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1947 at 9 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19..... to 19.....
 and that I last saw him/her alive on July 18 1947

Immediate cause of death Coronary Occlusion DURATION minutes
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE P. W. Bau Deputy Reg
 M. D. or other
 Address Frederick Md Date signed 7.18.47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 22 1947
BUREAU 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 138-

06028

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick
County.....
City or town..... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... Since 10/10/45
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution?..... Since 10/10/45

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... Maryland County.....
City or town..... Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1301 S. Carey St.
(If rural, give LOCATION)
2.(a) If veteran, name war..... ☒

3. (a) FULL NAME
Russell V. Klipa
3. (b) Social Security Number
178-05-7483

4. Sex Male 5. Color or race White 6. (c) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) August 6, 1902 6. (c) If alive, give age..... years

8. AGE: Years 44 Months 11 Days 10 If less than one day..... hrs. min.

9. Birthplace..... Pennsylvania
(Town, county, and state)

10. Usual occupation..... Trolley operator

11. Industry or business.....

12. Name..... George Klipa

13. Birthplace..... Austria

14. Maiden name..... Mary Gaydosh

15. Birthplace..... Czechoslovakia

16. Informant..... Deceased

Address.....

17. Burial Date thereof..... July 19 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Holy Redeemer

Location..... 4300 Belair Rd.

18. Funeral director..... M. L. Creager & Son

Address..... Thurmont, Maryland

19. July 17 1947 (Date rec'd by registrar) Registrar..... J. B. [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 19 47, at 10:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 10 19 45 to July 16 19 47 and that I last saw him alive on July 16 19 47

Immediate cause of death..... Pulmonary Tuberculosis DURATION 25 Mos.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE..... R. G. Ballis M. D. 9/16/47

Address..... State Sanatorium, Md. Date signed..... 7/16/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 18 1947
BUREAU OF A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

06029

1. PLACE OF DEATH

County Frederick CoCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 days

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 30 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County MontgomeryCity or town Clarksburg Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Virgie A. Lantz

3. (b) Social Security Number

m

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, divorced

Married

6. (b) Name of husband or wife

Renard E. Lantz

7. Birth date of

deceased (mo., day, yr.)

Nov 26 - 1898

6. (c) If alive, give age _____ years

8. AGE:

Years

48

Months

7

Days

26

If less than one day

_____ hrs. _____ min.

9. Birthplace

Rockham Co Va

(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Home

FATHER

12. Name

Salman Smith

13. Birthplace

Rockham Co Va

MOTHER

14. Maiden name

Mary Schaffer

15. Birthplace

Rockham Va

16. Informant

Renard E Lantz

Address

Clarksburg Md

Date thereof

July 26 - 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium

Clarksburg Maryland

Location

Montgomery Co Md

18. Funeral Director

Ray W. Barber

Address

Laytonville, Maryland19. 25 - July 1947

(Date rec'd by registrar)

Elizabeth G. Hech

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1947 at 11:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 16 1946 to July 23 1947and that I last saw h. E.R. alive on July 23 1947Immediate cause of death: Interlobar pneumonia DURATION 2 yearsbilateral

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James P. Kerr M.D. M. D. or otherAddress Damascus, Md. Date signed 7/25/47

RECEIVED
JUL 29 1947
BUREAU OF A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

06030

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick - Rural
 If outside city or town limits, write RURAL and give nearest town
 How long in above place of death? 3 days 84 years
 Hospital, institution, or street address where death occurred:
Emergency Hospital
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Frederick (Rural)
 If outside city or town limits, write RURAL and give nearest town
 Street No. Montrose, Frederick Co Md.
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Caloreen L. Layman

3. (b) Social Security Number

none

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Fillis K Layman

7. Birth date of deceased (mo., day, yr.)

April 12 1863

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

84224

hrs.

min.

9. Birthplace

Frederick Co. Maryland
(Town, county, and state)

10. Usual occupation

Laborer (retired)

11. Industry or business

FATHER

12. Name

George Layman

13. Birthplace

Kubukon

MOTHER

14. Maiden name

Catherine Shaw

15. Birthplace

Kubukon

16. Informant

W W Layman

Address

Frederick, Md

17. (Burial, cremation, or removal. Which?)

BurialDate thereof July 18, 1947
(month) (day) (year)

Cemetery or crematorium

Mt. Olivet

Location

Frederick, Md

18. Funeral director

Harry A. Garty, Co

Address

Frederick, Md

19. (Date received by registrar)

18 July 1947Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1947 at 1:15 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3 a.m. July 16 1947and that I last saw him alive on July 16 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

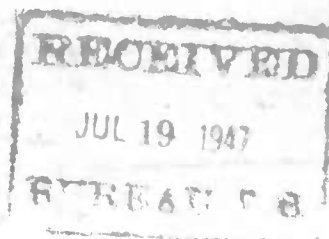
Injured at work?

23. SIGNATURE

Bernard Thomas Jr. M.D.

M. D. or other

Address Frederick, MdDate signed July 17, 47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town New Market
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME MERHLE Edward Lease 3. (b) Social Security Number None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Thelma Louise Clay
 6. (c) If alive, give age 43 years
 7. Birth date of deceased (mo., day, yr.) March 2-1902
 8. AGE: Years 45 Months 4 Days 11 If less than one day
 hrs. min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation U.S. Mail Carrier
 11. Industry or business
 12. Name Edward S. Lease
 13. Birthplace Frederick County Maryland
 14. Maiden name Mary Grace Tregonning
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Merhle E. Lease
 Address New Market, Maryland
 17. Burial Burial Date thereof July 16-1947
 (Burial, cremation, or removal, whichever) (month) (day) (year)
 Cemetery or crematorium Mount Olivet Cemetery
 Location Frederick, Maryland
 18. Funeral director C.E. Cline and Son
 Address Frederick, Maryland

19. 14 July 1947 Elizabeth Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1947 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him live on July 13 1947

Immediate cause of death Coronary occlusion DURATION 1 hr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. W. Bann DR. R. W. BARR

Address Frederick, Md Date signed 7/17/47

RECEIVED
JUL 17 1947
BERKAD & R

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

06032

1. PLACE OF DEATH: **Frederick**
 County.....
 City or town..... **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **Since 5/19/47**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution?..... **Since 5/19/47**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... **Maryland** County.....
 City or town..... **Baltimore**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **2011 E. Pratt St.**
 (If rural, give LOCATION)
 2. (a) If veteran, name war..... ☒

3. (a) FULL NAME

William Lindemon

3. (b) Social Security Number

213-07-6644

4. Sex..... **Male**
 5. Color or race..... **White**
 6. (a) Single, married, widowed, or divorced..... **Widower**

6. (b) Name of husband or wife.....
 6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... **February 7, 1897**

8. AGE: Years..... **50** Months..... **5** Days..... **3**
 If less than one day..... hrs. min.

9. Birthplace..... **Sparrows Point, Md.**
 (Town, county, and state)

10. Usual occupation..... **Factory Clerk**

11. Industry or business.....

12. Name..... **William H. Lindemon**

13. Birthplace..... **Baltimore County, Md.**

14. Maiden name..... **Anne Cullen**

15. Birthplace..... **Dublin, Ireland**

16. Informant..... **Deceased**

Address.....

17. **Burial** Date thereof..... **July 17, 1947**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... **Holy Redeemed Conv.**

Location..... **Balt. Md.**

18. Funeral director..... **Martin L. Apple**

Address..... **Lombard Court, Balt. Md.**

19. **July 10** 19 **47**
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... **July 10** 19 **47** at **10:30** ^A_M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 19 19 **47** to **July 10** 19 **47**

and that I last saw him alive on..... 19.....

Immediate cause of death..... **Pulmonary Tuberculosis**
 DURATION..... **16 Mos.**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

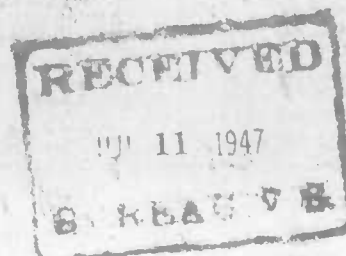
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... **P. B. Bacari** M. D. **XXXX**

Address..... **State Sanatorium, Md.** Date signed..... **7/10/47**



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06033 139
Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 1/2/47
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 1/2/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Alleghany
City or town Frostburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. 244 E. Main St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Oliver Lockard

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age..... years
7. Birth date of deceased (mo., day, yr.) October 14, 1913

8. AGE: Years 33 Months 9 Days 7 If less than one day
..... hrs. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name Martin Lockard

13. Birthplace ?

14. Maiden name Mary Lee

15. Birthplace ?

16. Informant Deceased

Address

17. Burial Date thereof 7/24/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery Frostburg

Location Frostburg, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. July 22 19 47
(Date rec'd by registrar) Registrar J. H. H.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 19 47 at 6:05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2 19 47 to July 21 19 47 and that I last saw him alive on July 21 19 47

Immediate cause of death Pulmonary Tuberculosis DURATION 8 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. L. Green M. D. XXXX

Address State Sanatorium, Md. Date signed 7/22/47

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 24 1947
BUREAU C B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 121

CERTIFICATE OF DEATH

06034
Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Carroll
City or town Rural Taneytown
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Mary J. Lockner

3. (b) Social Security Number

none

4. Sex Female 5. Color or race White 6.(a) ~~Single, married, widowed, or divorced~~ Widow
6.(b) Name of husband or wife Emory E. Lockner
7. Birth date of deceased (mo., day, yr.) Nov. 1, 1883 6.(c) If alive, give age _____ years
8. AGE: Years 63 Months 8 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation housework

11. Industry or business own home

12. Name David Chler

13. Birthplace Maryland

14. Maiden name Henrietta Thoenaker

15. Birthplace Maryland

16. Informant Charles A. Lockner

Address Taneytown, Md.

17. Burial (burial, cremation or removal) July 8, 1947 Date thereof (month) (day) (year)

Cemetery or crematory Reformed Cemetery

Location Taneytown, Md.

18. Funeral director C.O. Guss, Son

Address Taneytown, Md.

19. 5 July 1947 Elizabeth G. Hecks Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1947 at 4 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1947 to July 5 1947 and that I last saw him alive on July 5 1947

Immediate cause of death Coronary occlusion DURATION 6 hrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations acute appendicitis

Date of op. July 1-47

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. J. Thomas M. D. or other _____

Address Frederick, Md. Date signed July 5-47

MARGIN RESERVED FOR BINDING

I

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 8 1947

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06035
131
Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution? 1 Month

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 13 East Sixth Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

FANNIE MAE

3. (b) Social Security Number

None

4. Sex F 5. Color or race C 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife John W. Luby

6.(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) January 7, 1894

8. AGE: Years 53 Months 5 Days 28 It less than one day
.....hrs.min.

9. Birthplace New Windsor-Carroll-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name James Cartnail

13. Birthplace Montgomery County Maryland

14. Maiden name Anna Sappington

15. Birthplace Montgomery County Maryland

16. Informant John W. Luby

Address 13 E. 6th St., Frederick, Md.

17. Burial Date thereof 7/9/47
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Fairview Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 7-July 1947 Elizabeth H. Hersh
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1947 at 11:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27 1947 to July 5 1947

and that I last saw h.er alive on July 5 1947

Immediate cause of death Cerebral hemorrhage

Due to Hypertension Cardio-vascular disease

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas J. M.P.

Address Frederick, Md.

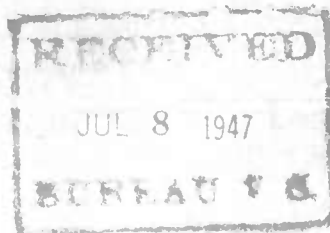
Date signed 7/6/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06036

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

8 Market Space

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 8 Market Space
(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

VIOLET EVELYN MATHEWS'S

3. (b) Social Security Number

214-10-2061

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife William E. Mathews

6. (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) October 31, 1915 age 22

8. AGE: Years 31 Months 8 Days 15 If less than one day
..... hrs. min.

9. Birthplace Braddock-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Machine Operator

11. Industry or business Muse Tailoring Company

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant William E. Mathews

Address 8 Market Space, Frederick, Md.

17. Burial Date thereof 7/18/47
(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 16 July 1947 Elizabeth G. Hach
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16th, 1947, 6:30A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

..... to

and that I last saw him alive on July 16, 1947

Immediate cause of death Sunshot wound

of chest (410 Ga)

DURATION

5 min.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 7.16.47

Where did injury occur? Frederick, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Shotgun (410 Ga) Injured at work? No

23. SIGNATURE P. W. Bau Deputy Med

Address Frederick, Md Date signed 7.16.47

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 17 1947
BUREAU OF

Kindly note change in date of birth of
Violet Evelyn Mathews - died July 16-1947
8 Market Space. Greendale Md. (suicide)

all insurance papers & family record
give date of birth, Oct 10 - 1910

age 36 yrs. 9 mos, 4 days.

Death Certificate was mailed July 16-1947

See letter in file Very truly yours

Wm. R. M. Bare Mrs Elizabeth J. Heek
Pg 9/15/47 Reg. 131

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

06037

466

1. PLACE OF DEATH:

County Frederick
 City or town Frederick (Rural)
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Several days
 Hospital, institution, or street address where death occurred:
Emergency Hospital
 How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Unknown County _____
 City or town _____
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

William Mc Cullough

3. (b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

male white ?

6.(b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) 1880 6.(c) If alive, give age _____ years

8. AGE: Years 67 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Scotland
 (Town, county, and state)

10. Usual occupation transient

11. Industry or business _____

FATHER 12. Name don't know
 13. Birthplace _____

MOTHER 14. Maiden name don't know
 15. Birthplace _____

16. Informant Records Montrose Co. Home
 Address Frederick - Maryland

17. Burial Date thereof 7-4-1947
 (Burial, cremation, or removal, etc.) (month) (day) (year)

Cemetery or crematory Montrose Cemetery

Location West of Frederick - Md.

18. Funeral director C. E. Clise & Son

Address Frederick - Md.

19. 3-July 1947 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 - 1947 at 9:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 1947 to July 2 1947
 and that I last saw him alive on July 2 1947

Immediate cause of death Carcinoma stomach
metastases to liver

DURATION
3 months

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Thomas M.D.

Address Frederick, Md. M. D. or other 7/3/47
 Date signed _____

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 8 1947
BUREAU F B I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

130

06038

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
 City or town Knosville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Knosville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary Arnold Mentzer

3. (b) Social Security Number

4. Sex Female 5. Color or race sw 6. (a) Single, married, widowed, or divorced widow
 8. (b) Name of husband or wife Samuel Mentzer
 8. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Oct. 25, 1864
 8. AGE: Years 82 Months 8 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Burkittsville, Fred C, Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Daniel Arnold

13. Birthplace Burkittsville

14. Maiden name Mary Boyer

15. Birthplace Burkittsville

16. Informant Mrs. Charles Merriam

Address Knosville

17. Burial Date thereof July 5, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Locust Valley Cemetery

Location Burkittsville

Gladhill Co.

18. Funeral director Middletown, Md.

Address Middletown, Md.

19. July 7, 1947 Kathryn H. Brown
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1947, at 8³⁰ A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 14 to July 5 1947

and that I last saw her alive on July 4 1947

Immediate cause of death _____ DURATION

Due to Acute Refractive 4 days

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J E Harp Md
 M. D. or other

Address Middletown Date signed 7-6-47

RECEIVED

JUL 10 1947

BUREAU V. M.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

552 X

06039

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County FredesickCity or town Thurmont - rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredesickCity or town Thurmont - rural
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Charles Albert Miller

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Chambers Eagle Miller6. (c) If alive, give age 71 years7. Birth date of deceased (mo., day, yr.) September 13, 1872

8. AGE:

Years

Months

Days

If less than one day

74106

hrs.

min.

9. Birthplace Thurmont, Fredesick Co. Md.
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name George St. Miller13. Birthplace Thurmont, Md.14. Maiden name Unknown

15. Birthplace

16. Informant Martin Luther MillerAddress Thurmont, Md.17. Burial Date thereof July 22, 1947
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory United BrothersLocation Thurmont, Md.18. Funeral director M. L. Presager & SonAddress Thurmont, Md.19. July 22, 1947 Blanche S. Egle
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1947, at 5-A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 15, 1946 to July 19, 1947and that I last saw him alive on July 17, 1947

Immediate cause of death

Intestinal obstruction

DURATION

1 mo.Due to Sarcoma of neck
with metastases2 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Morris D. Brief, M.D.
M. D. or otherAddress Thurmont, Md. Date signed 7/19-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1318

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick Co. Md.
 City or town The Linn - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Emergency Hospital, Frederick, Md.
 How long in hospital or institution? 1 mo. - 2 ds.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick P.O. 5
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Charles Edward Misner

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) May 15 - 1860

8. AGE: Years 86 Months 1 Days 20 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick Co. Md.
 (Town, county, and state)

10. Usual occupation Labourer

11. Industry or business _____

FATHER 12. Name John Thomas Misner
 13. Birthplace Frederick Co. Md.

MOTHER 14. Maiden name Julia Ann Harrison
 15. Birthplace Frederick Co. Md.

16. Informant Records Emergency Hospital
 Address Frederick - Md.

17. Burial (Burial, cremation or removal) Burial Date thereof 7-9-1947
 (month) (day) (year)
 Cemetery or crematory Bethel Cemetery
 Location near Garfield - Md.

18. Funeral director C. E. Cline & Son
 Address Frederick - Md.

19. 9 July 1947 Elizabeth G. Heck.
 (Date signed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1947 at 3:25 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1946 to July 6 1947
 and that I last saw h. l. July 6 1947

Immediate cause of death Chronic nephritis
 DURATION 2 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

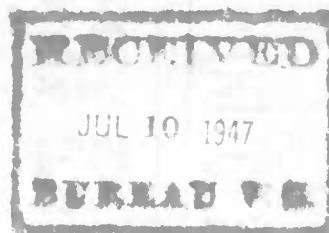
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Thomas Jr. M.D.

Address Frederick, Md. Date signed 7/8/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1318

CERTIFICATE OF DEATH

06041

Reg. Dist. No. 145

1. PLACE OF DEATH:

County Frederick
City or town Myersville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Myersville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war no

3. (a) FULL NAME

George Edward Maser

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Della Mae Maser
6. (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1870

8. AGE: Years 76 Months 10 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Myersville, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation farmer

11. Industry or business _____

12. Name Jacob Maser

13. Birthplace Holtsville

14. Maiden name Catherine Haremsen

15. Birthplace Holtsville

16. Informant Della Mae Maser

Address Myersville

17. Burial Date thereof July 15, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Crosscreek Cemetery

Location Myersville, Md.

Gladhill Co.

18. Funeral director Middletown, Md.

Address Middletown, Md.

19. July 15, 1947 Edgar Buttz
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1947 at 12:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10, 1947 to July 12, 1947
and that I last saw him alive on July 12, 1947

Immediate cause of death _____

Chronic nephritis
(cirrhosis)

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Edgar Buttz M. D. or other _____

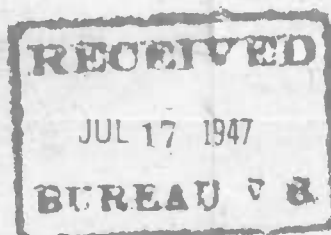
Address Middletown Date signed 7-14-47

MARGIN RESERVED FOR BINDING

VS A15

9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

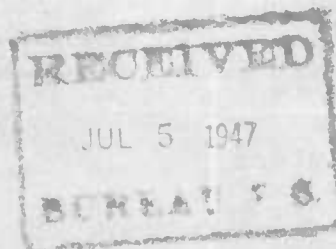
131a

06042

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: County..... <u>Frederick</u> City or town..... <u>Frederick Memorial Hospital</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... <u>Two Days</u> Hospital, institution, or street address where death occurred: <u>Frederick Memorial Hospital</u> How long in hospital or institution?..... <u>Two Days</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State..... <u>Maryland</u> County..... <u>Montgomery</u> City or town..... <u>Rural Clarksburg MD.</u> (If outside city or town limits, write RURAL and give nearest town) Street No..... (If rural, give LOCATION) 2.(a) If veteran, name war..... <u>None</u>			
3. (a) FULL NAME <u>Vernon A. Mullinix</u>				3. (b) Social Security Number <u>None</u>			
4. Sex <u>Male</u>		5. Color or race <u>White</u>		6. (a) Single, married, widowed, or divorced <u>Married</u>		MEDICAL CERTIFICATION 2D. DATE OF DEATH <u>July 1</u> 19 <u>47</u> at <u>2</u> p. <u>M</u>	
6. (b) Name of husband or wife <u>Emma E. Mullinix</u>		6. (c) If alive, give age <u>72</u> years		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>June 28</u> 19 <u>47</u> to <u>July 1</u> 19 <u>47</u> and that I last saw him alive on <u>July 1</u> 19 <u>47</u> Immediate cause of death..... <u>Arteriosclerotic cardiovascular-renal disease with terminal uremia</u> DURATION..... <u>Unk.</u> <u>1 wk</u>			
7. Birth date of deceased (mo., day, yr.) <u>Nov. 12. 1869</u>		8. AGE: Years..... <u>77</u> Months..... <u>7</u> Days..... <u>19</u> If less than one day..... hrs. min.		Due to..... Due to..... Other conditions..... (Include pregnancy within 3 months of death)			
9. Birthplace <u>Montgomery CO. Maryland</u> (Town, county, and state)				10. Usual occupation <u>Farmer</u> <u>Farm</u>			
11. Industry or business				12. Name <u>William A. Mullinix</u> 13. Birthplace <u>Maryland</u>			
14. Maiden name <u>Elizabeth G. Bowman</u> 15. Birthplace <u>Maryland</u>				16. Informant <u>Mrs. Emma Mullinix</u> Address..... <u>Clarksburg, MD.</u>			
17. Burial <u>July 4. 1947</u> (Burial, cremation, or removal, whichever)..... Cemetery or crematory..... <u>Clarksburg MD.</u> <u>Montgomery, Co. MD.</u> Location.....				22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town)..... (County)..... (State)..... Injured at home, farm, industry, public place (where?)..... Means of injury..... Injured at work?.....			
18. Funeral director <u>Roy W. Barber</u> Address..... <u>Laytonsville, MD.</u>				23. SIGNATURE <u>Rakston H. Adams, M.D.</u> M. D. of other..... Address..... <u>Damascus, Md</u> Date signed..... <u>July 2, 1947</u>			
19. 3 July 19 <u>47</u> (Date read by registrar)..... <u>Elizabeth G. Hech</u> Registrar							



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06043

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Brederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 yr.
 Hospital, institution, or street address where death occurred:
10 East 8 St
 How long in hospital or institution? 2

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Brederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 10 East 8 St
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

Alma Francis Payne

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Stewart Payne
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) June 8 1868
 8. AGE: Years 79 Months 1 Days 3 If less than one day..... hrs. min.

9. Birthplace Virginia
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name Joseph Beilstock
 13. Birthplace Virginia
 14. Maiden name Francis Kirk
 15. Birthplace Virginia
 16. Informant Mrs. Howard Tucker
 Address Almond, Va.
 17. Burial Date thereof July 13 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Union Cemetery
 Location Lovettville Virginia
 18. Funeral director C. A. Galt & Son
 Address Brunswick Md.
 19. July 11 19 47 Kathleen N. Brown
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1947 at 9 A. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26, 1947 to July 11, 1947
 and that I last saw her alive on July 11, 1947
 Immediate cause of death cardiac failure

Due to chronic arteriosclerotic heart disease
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Manner of injury Injured at work?

23. SIGNATURE CR Smith MD M. D. or other
 Address Brunswick, Md Date signed July 11, 1947

RECEIVED
MAY 14 1947
U. S. AIR FORCE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 836
 06044
 131
 Reg. Dist. No.

1. PLACE OF DEATH:

 County Frederick
 City or ~~town~~ Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since July 15, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

 State Maryland County Frederick
 City or ~~town~~ Frederick
 (If outside city or town limits, write RURAL and give nearest town)

 Street No. 434 North Market Street
 (If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME

DEXTER EDDY PHELPS

3.(b) Social Security Number

219-20-3006
 4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M
6.(b) Name of husband or wife Clara A. Conner6.(c) If alive, give age 68 years7. Birth date of deceased (mo., day, yr.) May 5, 1865
 8. AGE: Years 82 Months 2 Days 11 If less than one day
hrs.min.
9. Birthplace Wilbraham, Mass.
(Town, county, and state)10. Usual occupation Salesman11. Industry or business Everedy Company12. Name Wells Loren Phelps13. Birthplace Wilbraham, Mass.14. Maiden name Amelia Eddy15. Birthplace Wilbraham, Mass.16. Informant Mrs. Clara PhelpsAddress 434 N. Market St., Frederick, Md.
 17. Burial Date thereof 7/19/47
 (Burial, cremation or removal, which) (month) (day) (year)
Cemetery or crematory Prospect CemeteryLocation York, Pennsylvania18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland
 19. 17 July 19 47 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16th, 19 47, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15 19 47, to July 16 19 47
 and that I last saw him alive on July 15 19 47

 Immediate cause of death Cerebral Thrombosis DURATION 48 hrs.
Due to Arteriosclerosis ?

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. P. Seligman M. D.
 Address Frederick, Maryland Date signed 7-17-47
 M. D. or other

RECEIVED
JUL 18 1947
BUREAU

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06045

1. PLACE OF DEATH

County FrederickVillage or City ThurmontRegistration Dist. No. 144No. 144 St. Md. Ward 1
(If death occurred in a hospital or institution, give its NAME instead of street and number)Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Lillie Belle Powell(a) Residence: No. Thurmont St. Md. Ward Maryland

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug. 25, 18667. AGE Years 80 Months 11 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lewistown, Fred'k Co. Maryland
(State or country)13. NAME Lewis J. Powell14. BIRTHPLACE (city or town) Lewistown, Md.
(State or country)15. MAIDEN NAME Mannah Elizabeth Gough16. BIRTHPLACE (city or town) Lewistown, Md.
(State or country)17. INFORMANT Ernest R. Powell
(Address) Thurmont, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Wm. Clem. Date Aug. 1, 194719. UNDERTAKER Powell & Hartshorn
(Address) Woodboro, Md.20. FILED Aug. 1, 1947 Blanche S. Eyles
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

7 29 47
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

1 15 1930 to 7 29 1947
I last saw her alive on 7 28 1947 death is said

to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stibmary
Trichocutoidis

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Post Mortem Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) H. B. Bridges M. D.
Address 101 N. Charles St., Baltimore

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06046

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Braddock Heights
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Braddock Heights
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name was none

3. (a) FULL NAME

William Edward Reid

3. (b) Social Security Number

none4. Sex male 5. Color or race colored 6. (a) Single, married, widowed, or divorced—married6. (b) Name of husband or wife Pauline Holland Reid7. Birth date of deceased (mo., day, yr.) Aug. 7, 1865 8. (c) If alive, give age 70 years8. AGE: Years 81 Months 11 Days 6 If less than one day
hrs. min.9. Birthplace Flint Hill Virginia
(Town, county, and state)10. Usual occupation farmer

11. Industry or business

12. Name unknown

13. Birthplace

14. Maiden name Fannie Craig15. Birthplace Front Royal, Virginia16. Informant Maurice Edward ReidAddress Frederick, Md.17. Burial Date thereof July 16, 1947
(Burial, cremation, or removal, whichever) (month) (day) (year)Cemetery or crematory Cemetery FairviewLocation Frederick, Md.Gladhill Co.18. Funeral director Middletown Md.Address Middletown Md.19. 15 July 1947 Elizabeth G. Heck.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13- 1947 at 6:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1947 to July 13th 1947
and that I last saw him alive on July 12th 1947Immediate cause of death Esophageal Structure DURATIONDue to CarcinomaPrimary site: Esophagus (Junction with stomach)Due to duration sev. mos.Other conditions Cardiac Valvular Diseasemany years duration.

(Include pregnancy within 3 months of death)

Major findings of operations (9/3/47 as)

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of Injury Injured at work?

23. SIGNATURE U. B. Bourne, Sr. M. D. or otherAddress Frederick Md. Date signed 7-15-47

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 17 1947
BUREAU V &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? About 15 years

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since May 31, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. Francis Scott Key Hotel
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

THOMAS CLYDE ROUTSON

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Margaret M. Routson

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 15, 18738. AGE: Years 74 Months _____ Days 2 If less than one day _____ hrs. _____ min.9. Birthplace Uniontown, Carroll County, Md.
(Town, county, and state)10. Usual occupation Physician

11. Industry or business _____

12. Name Thomas H. Routson13. Birthplace Carroll County, Maryland14. Maiden name Christina Smith15. Birthplace Carroll County, Maryland16. Informant Mr. Stoddard S. RoutsonAddress Baltimore, Maryland17. Burial Date thereof July 19, 1947
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 17-July-1947 Elizabeth G. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1947 at 1:35 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1947 to July 17, 1947 and that I last saw him alive on July 17, 1947Immediate cause of death Pneumonia

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operation Intestinal obstructionCarcinoma, Basal Date of op. July 15

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. P. Shuman M. D. or otherAddress Frederick, Md. Date signed July 17, 47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 18 1947
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

159

06048

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 Week
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? Since July 4, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery
City or town Silver Spring
(If outside city or town limits, write RURAL and give nearest town)
Street No. 941 Bonifant Street
(If rural, give LOCATION)
None
2. (a) If veteran, name war None

3. (a) FULL NAME

BABY SANDERS

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced S
6. (b) Name of husband or wife
7. Birth date of deceased (mo., day, yr.) July 4, 1947 6. (c) If alive, give age years
8. AGE: Years 0 Months 0 Days 0 If less than one day 4 hrs. 15 min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

12. Name H. G. Scarboro
13. Birthplace Georgia
14. Maiden name Dorothy M. Sanders
15. Birthplace Charles County Maryland

16. Informant Dorothy M. Sanders
Address 941 Bonifant St., Silver Spring,

17. Burial Mount Olivet Cemetery Date thereof 7/5/47
(Burial, cremation, or removal of body) (month) (day) (year)
Cemetery or crematory Frederick, Maryland
Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland
Address

19. 5 July 19 47 Elizabeth B. Hoch
(Date signed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 19 47 at 7:58 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 4 19 47 to July 4 19 47
and that I last saw him alive on July 4 19 47
Immediate cause of death exhaustion
pneumonia 7 1/2 months

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. Lawrence Johnson MD
Address Frederick MD Date signed 7-5-47

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 8 1947

BUREAU 7 &

06049

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 6/18/47
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 6/18/47

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2825 Woodbrook Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME

Ethel E. Saumenig

3. (b) Social Security Number

216-18-4952

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Divorced

6. (b) Name of husband or wife

6. (c) ft alive, give age. years
7. Birth date of deceased (mo., day, yr.) August 28, 19148. AGE: Years Months Days It less than one day
m 32 10 16 hrs. min.9. Birthplace Lima, Ohio
(Town, county, and state)10. Usual occupation Factory worker

11. Industry or business

12. Name Charles Lochhead13. Birthplace Lima, Ohio14. Maiden name Mabel Britton15. Birthplace Eastport, Md.16. Informant Deceased

Address

17. Burial Date thereof 7/17/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery WOODLAWN Woodlawn
Location Woodlawn, Md.18. Funeral director M. L. Creager & SonAddress Thurmont, Maryland19. July 15 19 47
(Date rec'd by registrar) Registrar J. H. Law

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 19 47 at 7:25 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 18 19 47 to July 14 19 47
and that I last saw her alive on July 14 19 47Immediate cause of death
Pulmonary Tuberculosis DURATION 5 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations. Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. G. Breckin M. D. KRMXAddress State Sanatorium, Md. Date signed 7/15/47

MARGIN RESERVED FOR BINDING

VS A15 9 45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 17 1947

BUREAU V-8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06050

Reg. Dist. No.

138

1. PLACE OF DEATH:

County Frederick

City or town Mount Airy-Rural R. F. D. #
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Bartholows

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ohio County Muskingum

City or town Zanesville
(If outside city or town limits, write RURAL and give nearest town)

Street No. 656 Woodlawn Ave
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

WILBUR SEARL, SR.

3. (b) Social Security Number

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Carrie Searl

6.(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Oct 10

8. AGE: Years 65 Months 10 Days 16 If less than one day hrs. min.

9. Birthplace Dayton Ohio
(Town, county, and state)

10. Usual occupation Tanner

11. Industry or business

12. Name Charles A Searl

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Wilbur Searl Jr.

Address 872 Brighton Blvd Zanesville Ohio

17. Burial (Burial, cremation, or removal. Which?) 7 / 31 / 47

Cemetery or crematory Woodlawn Cemetery

Location Zanesville, Ohio

18. Funeral director M. R. Etchison & Son

Address Frederick, Md.

19. 28 July 19 47 Lucian K. Tolson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27th, 19 47 at 10:35 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him DEAD July 27th, 19 47

Immediate cause of death Fracture of skull

Fracture of lower jaw

Fracture of left tibia

Due to Shock, hemorrhage

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7.27.47

Where did injury occur? Bartholows near
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 40

Means of injury auto accident Injured at work? no

23. SIGNATURE W. B. W. Deputy Medical Examiner

Address Frederick, Maryland Date signed 7-28-47

MARGIN RESERVED FOR BINDING

I

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1947
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06051

Reg. Dist. No. 137

1. PLACE OF DEATH:

County Fredrick
 City or town mt. Airy (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 year
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Fredrick
 City or town mt. Airy (If outside city or town limits, write RURAL and give nearest town)
 Street No. Union
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

JENNIE ELIZABETH SMITH

3. (b) Social Security Number

None

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed
 6. (b) Name of husband or wife Charles Wm Smith

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug. 8-1870

8. AGE: Years 76 Months 11 Days 7 It less than one day hrs. min.

9. Birthplace Fredrick County, Md (Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Claggett & Walz13. Birthplace Maryland14. Maiden name Sarah E. Earnst15. Birthplace Maryland16. Informant Wm A. H. MoxleyAddress mt. Airy B. D. Rd.17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof July 18-1947 (month) (day) (year)Cemetery or crematory Union Chapel CemeteryLocation Shelbystown B. D. Rd.18. Funeral director Powell & BarkerAddress Shelbystown & Woodshoro, Md.19. Date rec'd by registrar July 16 47 Registrar Geo D. Carpenter

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1947 at 8:41 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947 to 1947and that I last saw her alive on July 14 1947Immediate cause of death Arterio sclerosis

Due to

Due to

Other conditions

Major findings of operations

Autopsy results

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Whom did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Ligg M. D. or otherAddress Union Bridge Date signed 7-16-47

MARGIN RESERVED FOR BINDING

VS A15

9.45-13M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 22 1947
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County **Frederick**
 City or town **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **Since 7/14/47**
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? **Since 7/14/47**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **St. Mary's**
 City or town **Mechanicsville**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Francis H. Thompson

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

June 13, 1908

8. AGE:

Years

39

Months

1

Days

6

If less than one day

_____ hrs. _____ min.

9. Birthplace

Chaptico, Maryland

(town, county, and state)

10. Usual occupation

Government clerk

11. Industry or business

FATHER

12. Name

John L. Thompson

13. Birthplace

Charles County, Md.

MOTHER

14. Maiden name

Agnes A. Jenkins

15. Birthplace

Charles County, Md.

16. Informant

Deceased

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

July 22, 1947

Cemetery or crematory

St. Joseph's

Location

Maryland

18. Funeral director

Address

J. C. Mattingly, Inc.
Frederick, Md.
July 19 47
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **July 19 19 47** at **6:45A** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 14 19 47 to **July 19 19 47**and that I last saw him alive on **July 19 19 47**

Immediate cause of death

Pulmonary Tuberculosis

DURATION

102 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE

R. G. BreenM. D. **XXXX**Address **State Sanatorium, Md.** Date signed **7/19/47**

MARGIN RESERVED FOR BINDING

VS A15

5-25-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06052

136

RECEIVED
JUL 22 1947
BUREAU